

Remarks

Reconsideration of the application is requested. Claims 24-43 are now in the application. Claims 24, 28, 31, and 39 have been amended. Claims 40-43 have been added. Support for new claims 40-43 can be found in the original specification at page 3, fourth full paragraph, and page 10, second paragraph.

In item 3 of the above-identified Office action, the Examiner rejected claims 28-29 as being indefinite under 35 U.S.C. § 112, second paragraph. More specifically, the Examiner has stated that claim 28 depended from canceled claim 23 and was therefore indefinite. In turn, claim 29, which depended on claim 28, was therefore also indefinite. Claim 28 has been amended to change its base claim; amended claim 28 now depends on claim 24.

Accordingly, the specification and the claims meet the requirements of 35 U.S.C. § 112, first and second paragraphs. Should the Examiner find any further objectionable items, counsel would appreciate a telephone call during which the matter may be resolved. The changes are neither provided for overcoming the prior art nor do they narrow the scope of the claim for any reason related to the statutory requirements for a patent.

In item 5 of the Office action, the Examiner rejected claims 24, 26-29, 31, 34-37, and 39 as being obvious over Shile in view of Buckley under 35 U.S.C. § 103(a). The rejection has been noted and the claims have been amended in an effort to define more clearly the invention of the instant application. Support for the changes is found on page 9, second paragraph, of the specification.

Before discussing the prior art in detail, a brief review of the invention as claimed is provided. Amended claim 24 calls for, *inter alia*, a computer system for in-service monitoring of a user screening medical cases comprising:

a case stack of undiagnosed real cases to be reviewed by the user... (Emphasis added by Applicant.)

Shile does not show a case stack of undiagnosed real cases to be review by the user as part of in-

service monitoring as recited in amended claim 24 of the instant application.

To begin, the instant application distinguishes “in-service monitoring” from “training”. *Compare* specification, page 2, final paragraph, to page 3, first full paragraph. In-service monitoring confirms the on-going quality of the radiologist’s diagnoses. Training repeats diagnoses of previously-examined images to train radiologists to make consistent, standardized, correct diagnoses.

Unlike the invention as claimed, Shile is merely applicable to methods for training. The Examiner was correct in identifying Shile, col. 5, lines 61-67, and col. 6, lines 53, through col. 7, line 55, as the pertinent paragraphs. However, the Examiner’s analysis of these paragraphs was incorrect.

Shile teaches examining three data sets, all of which involve reexamination of already-diagnosed images, for the purposes of training to create consistent diagnoses; the invention according to Shile trains the radiologist to make consistent diagnoses as proved by comparing new diagnoses of old images with previously made diagnoses of the same images during a practice session. *See* c. 5, ll 47-50.

The first dataset (col. 6, l. 53 – col. 7, l. 10) is taken from a screening practice. “The dataset should include only those exams that demonstrate findings;” i.e. the dataset must have been pre-examined to qualify for the dataset. Therefore, the elements of the first dataset are previously examined real cases.

The second test set involves only previously examined cases. Col. 7, ll 11-12, discloses, “A second test consists of cases referred from screening mammography for diagnostic evaluation.” Col. 7, ll 22-23, states, “Only cases with confirmed findings are included in this data set.” This language indicates that the cases in the second test have all been previously examined.

The third test also involves only previously examined cases. Col. 7, ll 35-36, teaches, “A third image test set consists of mammograms from patients referred from patients referred to biopsy.” Therefore, the cases forming the third set have been previously examined by the practice group and referred for biopsy based on the observations from the case.

Likewise, neither Buckley et al., Nishikawa et al., nor Leiper teach the in-service monitoring of undiagnosed real cases.

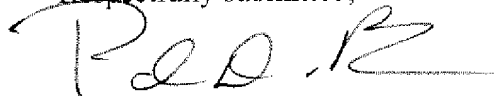
Accordingly, none of the references, whether taken alone or in any combination, either show or suggest the features of claim 24. Therefore, claim 24 is patentable over the art. Likewise, the other independent claims (claims 31, 39, and 40) include the same combination of patentable features. Moreover, because all of the dependent claims are ultimately dependent on one of those independent claims, they are believed to be patentable as well.

Claims 40-43 have been added to include additional features that relate particularly to in-service monitoring, as opposed to the training taught by Shile. Claims 40-43 solve the problem when an ordinarily-reliable radiologist becomes so fatigued that their number of misdiagnoses dips below an acceptable threshold level. Claim 43 even provides for a time-out being forced upon the radiologist.

In light of the foregoing remarks, this application is now in condition for allowance and early passage of this case to issue is respectfully requested. If any questions remain regarding this amendment or the application in general, a telephone call to the undersigned would be appreciated since this should expedite the prosecution of the application for all concerned.

A fee of \$100.00 is believed to be due for an independent claim in excess of three. The fee is being paid electronically via the Electronic Patent Filing System (EFS). Please charge any other required fee (or credit any overpayments of fees) to the Deposit Account of the undersigned, Account No. 500601 (Docket No. 739-X01-004).

Respectfully submitted,



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